



NATIONAL ALLIANCE OF LIFE COMPANIES

*An Association of Life and Health Insurance Companies*

**APPLICATION FOR REGULAR MEMBERSHIP**

Please enclose a check payable to the National Alliance of Life Companies (NALC) with your application.

**REGULAR MEMBERS:** Regular members shall include any corporation, association, or society engaged in a life and/or health accident and health insurance business which is in good standing and qualified to do business in any state or territory of the United States or the District of Columbia which subscribes to be a member of the Association at any time after the first annual meeting held on March 23, 1993.

The following company, firm or individual hereby applies for Regular Membership in the NALC as indicated below:

Date: \_\_\_\_\_

\_\_\_\_\_  
*Primary Contact Person*

\_\_\_\_\_  
*Title*

Check this box to receive NALC Publications by e-mail

\_\_\_\_\_  
*Name of Company*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*E-mail Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*

\_\_\_\_\_  
*Toll-Free Phone #*

\_\_\_\_\_  
*Main or Direct Phone #*

\_\_\_\_\_  
*Fax #*

*The completion and accuracy of this form is essential, as the information listed will be reflected on the NALC mailing list. Our firm's toll free number is confidential and only accessible to the NALC staff.*

**REGULAR MEMBERSHIP DUES**

**Reinsurance companies will be charged at the current life member tiered rate, with a maximum total annual dues of \$6,000**

Using information from previous year end annual report for all companies within an affiliated group:

- |  |    |       |
|--|----|-------|
| 1. Total Assets (all affiliated life/health companies)   | \$ | _____ |
| 2. Total Premiums (all affiliated life/health companies) | \$ | _____ |
| 3. Total of lines 1 and 2                                | \$ | _____ |

**Select One**

**IF LINE 3 IS:**

**DUES ARE:**

- |                          |  |           |
|--------------------------|--|-----------|
| <input type="checkbox"/> | (a) less than 5 million                            | 1,700.00  |
| <input type="checkbox"/> | (b) over 5 million but not more than 7.25 million  | 2,200.00  |
| <input type="checkbox"/> | (c) over 7.25 million but not more than 10 million | 2,700.00  |
| <input type="checkbox"/> | (d) over 10 million but not more than 20 million   | 3,800.00  |
| <input type="checkbox"/> | (e) over 20 million but not more than 100 million  | 5,400.00  |
| <input type="checkbox"/> | (f) over 100 million but not more than 300 million | 5,900.00  |
| <input type="checkbox"/> | (g) over 300 million but not more than 500 million | 7,500.00  |
| <input type="checkbox"/> | (h) over 500 million but not more than 750 million | 8,500.00  |
| <input type="checkbox"/> | (i) over 750 million but not more than 1 billion   | 9,600.00  |
| <input type="checkbox"/> | (j) over 1 billion but not more than 5 billion     | 12,300.00 |
| <input type="checkbox"/> | (k) over 5 billion                                 | 14,900.00 |

Enter Amount Remitted

*See reverse side of this application for general mailing information.*

**GENERAL MAILINGS**

Up to five people in the primary office are eligible to receive general mailings. More than five people may receive mailings for an additional charge of \$250.00 per person. Please do not list the primary contact person as they will receive mailings automatically. List below the names and addresses of other people who are to receive mailings. PLEASE INDICATE WHETHER EACH PERSON SHOULD RECEIVE PUBLICATIONS BY E-MAIL.

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<i>Primary Contact Person</i>		<i>Title</i>		<input type="checkbox"/> E-mail publications
<i>Name of Company</i>		<i>E-mail Address</i>		
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	
<i>Toll-Free Phone # (NALC staff use only)</i>	<i>Main or Direct Phone #</i>	<i>Fax #</i>		

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